houston food bank

Monthly Survey Form

For clients served in the month of: _____

Agency Acct #_____

IN ORDER TO CONTINUE RECEIVING FOOD, THIS FORM MUST BE SUBMITTED NO LATER THAN THE 5TH OF EVERY MONTH FOR THE PRECEEDING MONTH.

Agency Name: _____

Program Name (if different): _____

Address: _____ City: _____ Houston Zip: _____

Phone Number: _____ Mobile Number: _____or _____ County: _____

Contact Person: _____

E-mail: _____

1. **_If any of the information listed above has changed, report changes below:_**

Address: _____

Phone Number: _____ Mobile Number: _____

Contact Person: _____

E-mail: _____

2. Days / Hours of Operation:

Mon	_____am/pm	_____am/pm
Tue	_____am/pm	_____am/pm
Wed	_____am/pm	_____am/pm
Thurs	_____am/pm	_____am/pm
Fri	_____am/pm	_____am/pm
2nd		
Sun	_____am/pm	_____am/pm

UNDUPLICATED NUMBERS: PLEASE SEE # 3 ON PAGE 3 FOR INSTRUCTIONS

3. Ages of Persons Served   *4. Race/Ethnicity of Persons Served*

Infant - _____   **White/Anglo**   **_____**

18-64 _____   **African-American _____**

65 and over _____   **Hispanic/Latino _____**

     Asian   **_____**

     Other   **_____**

Total _____   **=**   **Total _____**
                                (Totals Must equal)

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5. **Number of clients below poverty_____ Number of clients above poverty_____.**

6. **Approximately what % of food did you receive from the Houston Food Bank this Month? _____**

7. *PANTRY PROGRAMS ONLY:* **# of households served _____ # of individuals served _____**

8. *SNACK PROGRAMS ONLY:* **# of snacks served this month_____**

9. *MEALSITES ONLY:* **# of meals served this month_____**

10. **Do you serve all zip codes:** **_____yes** **_____no**

If no is selected, please list zip codes served _____

11. *Client Choice***:** **_____yes** **_____no**

12. **Social Services:**
    Number of clients:
        Employment Assistance_____
        Nutrition Education _____
        Health Screenings_____
        Counseling_____
        Social Service Assistance_____ (SNAP, WIC, CHIP, Medicaid)
        Education_____ (GED, ESL, job training, etc)
        Life Skills_____(budgeting, etc)

13. If your agency does not provide any of the social services listed above, did you refer clients to other agencies/ resources: _____yes _____no

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Please fax or email survey to the attention of the Partner Services Department at:
Fax: 832-202-2878
OR
Email: jmoore@houstonfoodbank.org

Instructions for completing the Monthly Survey Report

Please complete and submit the survey form each month whether or not you received food from the Food Bank or served any clients. The completion of this form is one of the terms of your signed contract with the Houston Food Bank. The form should be submitted by the **5th of the month** for the month just ending to avoid any interruptions in service from the Food Bank. Please fill in **all** of the information that is applicable for your agency*. **You must complete one separate report for each program.** *Thank you.

For the month of: This is for the month that you are reporting, not the date that you completed the report. The month reported should include unduplicated numbers from the first to the last day of that month only.

Your contact information has been pre-entered.

1. Updated Information: If the information entered has changed, please provide updated information.

2. Days & Hours of Operation: Include the scheduled hours that you are open.

3. Ages of Persons Served: The # of individuals (not households) in each age range. Please count individuals only once (unduplicated), even though you may have served them more than once during the month. Do not use percentages. **(Total must match race and ethnicity total column.)**

4. Race/Ethnicity of Persons Served: The # of individuals (not households) in each category. You may estimate this. Do not use percentages. **(Total must match ages of persons served total column.)**

5. Number of Clients below/above poverty: Using the TEXCAP guidelines, list the number of individuals that are below the guidelines and the number that are above. **The total of these two numbers should equal the totals of the age and race served categories.** Please contact Agency Services if you need a copy of the TEXCAP guidelines**. (DO NOT USE PERCENTAGES, ACTUAL NUMBERS ONLY)**

6. % of food received from HFB: Include the percentage of product you received from HFB as opposed to other sources. This percentage may be estimated.

7. Pantry Programs Only: If your program is a food pantry, include the number of families/households **and** the number of individuals that you provided food for this month. The **total of individuals** should equal the totals from the age and race served categories.

8. Snack Programs Only: If your program is providing snacks, please include the total number of snacks that you served for this month. **(No pantries should be serving snacks.)**

9. Meal site Programs Only: If your program is providing meals for its clients, please include the total # of meals for this month. For example, if your agency serves 25 people 3 meals a day for 30 days, you would have served 2,250 meals for that month: 25x3x30=2,250. (Note: a snack =1/2 meal: 25x3.5x30=2,625).

10. Zip Codes Served: If you do not serve all zip codes, please list the zip codes your agency serves. This information can and will change.

11. *Client Choice:* A form of distribution. Client Choice allows the client to select pantry items based on their choice of product/items available through your pantry. If you are not a pantry, please skip this entry.

12*. Social Services*: If your agency provides any of the services listed, please provide the number of clients receiving services.

13*. Client Referrals*: If you were unable to provide services to client did you refer them to other agencies?